DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154 001B-A PERMIT NUMBER DISCHARGE NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 03/01/2014 03/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	(QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	****	*****	****	NODI C			-	
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

Jay Rao evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant (805)535-2078 05/20/2014 penalties for submitting false information, including the possibility of fine and imprisonment for knowing SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** AREA Code NUMBER MM/DD/YYYY **TYPED OR PRINTED**

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

TELEPHONE

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	*****	****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	05/20/2014	
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Discharge drill cutting Y or N (retained).
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	002B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	****	*****	*****	7.98	14	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	6725	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	• Managara	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	003B-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITORING PERIOD	MM/DD/YYYY	03/01/2014	03/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)
Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. #Job Type: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.

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PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW) Deck Drainage

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	NTITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL

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VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	005B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014	

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	****	*****	*****	1	3	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	9.5	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

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PACIFIC OCEAN, CA 93003

CAF001154 006B-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

03/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL

03/01/2014

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FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154 007B-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

03/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

ATTN: JAY RAO

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	0,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL

03/01/2014

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PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

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DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	****	****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4762	****	bbl/d	****	****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

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FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

OC.

 CAF001154
 010B-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 03/01/2014
 03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	05/20/2014
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW) Bilge Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	05/20/2014
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	012B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Boiler Blowdown External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	05/20/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW) Test Fluids

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)535-2078		05/20/2014
TYPED OR PRINTED	• Managara	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

ATTN: JAY RAO

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	O,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	NTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

ATTN: JAY RAO

		QUANTITY OR L			C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

| CAF001154 | 018B-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | MM/DD/YYYY | 03/01/2014 | 03/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW) Laboratory Waste

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	• Managara	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	019B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	020B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

| CAF001154 | 021B-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | MM/DD/YYYY | 03/01/2014 | 03/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW) Hydrotest Water

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	022B-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITORING PERIOD	MM/DD/YYYY	03/01/2014	03/31/2014

DMR Mailing ZIP CODE:

alling ZIF CODE.

93003

MINOR (SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	05/20/2014
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	NG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	05/20/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Discharge drill cutting Y or N (retained).
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	*****	****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	****	*****	%		Once per Event	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Discharge drill cutting Y or N (retained).
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154 002B-A PERMIT NUMBER **DISCHARGE NUMBER MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 04/30/2014 04/01/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

ATTN: JAY RAO FREQUENCY SAMPLE OF ANALYSIS TYPE **QUANTITY OR LOADING QUALITY OR CONCENTRATION** NO. SAMPLE LINITE EX **PARAMETER** VALUE VALUE VALUE VALUE VALUE

171101111211		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.48	11	mg/L	Weekly	GRAB
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	6526	*****	bbl/d	*****	*****	*****	*****	Monthly	ESTIMA
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****	Monthly	ESTIMA
	_			-	_	_	_			

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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

Effluent Gross

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	002B-Q		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITORING PERIOD	MM/DD/YYYY	03/01/2014	04/30/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

VÄLUE

Produced Water Quarterly

External Outfall

=1

No Discharge

		QUANTITY OR LOADING		IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 9				
TGK1D 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
TGK3R 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
TGP6L 1 0	PERMIT	*****	*****	*****	*****	*****	Req. Mon.	pass=0/fail		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REQUIREMENT

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	003B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	****	****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. #Job Type: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE: 93003

ing ZIP CODE: 93

(SUBR FW)
Deck Drainage
External Outfall

MINOR

No Discharge

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	****	****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	****	*****	*****	*****	1	3	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	10.3	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

MEASUREMENT

PERMIT

REQUIREMENT

Req. Mon.

VÄLUE

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

51689 1 0

Effluent Gross

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	006B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014	

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

Daily when

Discharging

VISUAL

FREQUENCY **QUANTITY OR LOADING QUALITY OR CONCENTRATION** NO. SAMPLE OF ANALYSIS TYPE EX **PARAMETER VALUE** UNITS UNITS **VALUE** VALUE **VALUE VALUE** ***** SAMPLE Floating solids, waste or visible NODI C **MEASUREMENT** foam-visual ***** ***** ***** ***** ***** VISUAL 45613 1 0 **PERMIT** Reg. Mon. Y=1;N=0 Daily REQUIREMENT Effluent Gross VALUE Free Oil Visual Sheen SAMPLE ***** NODI C ***** ***** ***** *****

Y=1;N=0

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

ATTN: JAY RAO

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	O/	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

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TYPED OR PRINTED	- Mariano.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	009B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4762	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	05/20/2014
TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	05/20/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Bilge Water External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	05/20/2014
TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW) Boiler Blowdown

External Outfall

No Discharge

ATTN: JAY RAO

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	0,		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW) Test Fluids

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my injury of the person or persons why manage the	Jay Rao	TELEP	DATE	
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)
Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	015B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

ATTN: JAY RAO

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my injury of the person or persons why manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	016B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	0,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my injury of the person or persons why manage the	Jay Rao	TELEP	DATE	
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	• Managara	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW) Laboratory Waste

External Outfall

.....

PACIFIC OCEAN, CA 93003 04/01/2014 04/30/2014 No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)535-2078		05/20/2014
TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

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VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154 020B-A PERMIT NUMBER DISCHARGE NUMBER **MONITORING PERIOD** MM/DD/YYYY

MM/DD/YYYY 04/30/2014 04/01/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

FREQUENCY **QUANTITY OR LOADING QUALITY OR CONCENTRATION** NO. SAMPLE OF ANALYSIS TYPE EX **PARAMETER VALUE** UNITS **UNITS VALUE** VALUE **VALUE VALUE** ***** SAMPLE Floating solids, waste or visible NODI C MEASUREMENT foam-visual ***** ***** ***** ***** ***** 45613 1 0 **PERMIT** Reg. Mon. Y=1;N=0 Daily **VISUAL** REQUIREMENT Effluent Gross VALUE Free Oil Visual Sheen SAMPLE ***** NODI C ***** ***** ***** ***** **MEASUREMENT** ***** ***** ***** ***** ***** **|**51689 1 0 PERMIT Req. Mon. Y=1;N=0Daily when **VISUAL** REQUIREMENT VÄLUE Effluent Gross Discharging

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)535-2078		05/20/2014
TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154 021B-A DISCHARGE NUMBER PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 04/01/2014 04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Hydrotest Water External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	05/20/2014	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)
H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan

penalties for submitting false information, including the possibility of fine and imprisonment for knowing

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

NUMBER

TELEPHONE

(805)535-2078

AREA Code

Jay Rao

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

08/26/2014

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154 001B-A DISCHARGE NUMBER PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 05/31/2014 05/01/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.83	13	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	7173	*****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

Г	CAF001154		003B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2014	1	05/31/2014

DMR Mailing ZIP CODE: 9

93003

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	****	****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. #Job Type: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW) Deck Drainage

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	ENTRATION		NO.	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

Effluent Gross

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	****	0	d/mo	*****	****	****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	11.34	****	bbl/d	****	****	****	*****		Monthly	ESTIMA
82606 1 0	PERMIT	Req. Mon.	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REQUIREMENT

MO AVG

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	006B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

ATTN: JAY RAO

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.		O,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	-iolations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	009B-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITORING PERIOD	MM/DD/YYYY	05/01/2014	05/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

ATTN: JAY RAO

QUANTITY OR
PARAMETER

VALUE

VAI

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4762	****	bbl/d	****	****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	OR (805)53	5-2078	08/26/2014
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Bilge Water External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS TY	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

012B-A

MM/DD/YYYY

05/31/2014

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY 05/01/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Boiler Blowdown

External Outfall

No Discharge

ATTN: JAY RAO

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	O,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW) Test Fluids

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION	_	1 ''''	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	-iolaiolis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OF	CER 1 certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	, rodiono.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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TYPED OR PRINTED	-iolations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	017B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Laboratory Waste External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154		019B-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	RIN	G PERIOD
MM/DD/YYYY]	MM/DD/YYYY
05/01/2014	1	05/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

Effluent Gross

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Hydrotest Water External Outfall

DAILY MX

No Discharge

ATTN: JAY RAO **QUANTITY OR LOADING QUALITY OR CONCENTRATION** NO. FREQUENCY SAMPLE OF ANALYSIS **TYPE** EX **PARAMETER VALUE VALUE** UNITS **VALUE** VALUE **VALUE UNITS** SAMPLE ***** Floating solids, waste or visible NODI C MEASUREMENT foam-visual ***** ***** ***** ***** ***** 45613 1 0 **PERMIT** Reg. Mon. Y=1;N=0 **VISUAL** Daily REQUIREMENT Effluent Gross VALUE Free Oil Visual Sheen SAMPLE ***** NODI C ***** ***** ***** ***** **MEASUREMENT** ***** ***** ***** ***** ***** **|**51689 1 0 PERMIT Req. Mon. Y=1:N=0 Daily when VISUAL REQUIREMENT Effluent Gross **VALUE** Discharging ***** ***** ***** ***** SAMPLE ***** Flow NODI C **MEASUREMENT** ***** ***** ***** ***** 74076 1 0 **PERMIT** Rea. Mon. bbl/d Monthly **ESTIMA** REQUIREMENT MO AVG Effluent Gross ***** Chlorine addition rate SAMPLE ***** ***** ***** ***** NODI C MEASUREMENT ***** +++++ ***** +++++ ***** 85790 1 0 PERMIT Req. Mon. **GRAB** ug/L Monthly

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REQUIREMENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	022B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	NG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Discharge drill cutting Y or N (retained).
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154 001B-A DISCHARGE NUMBER PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 06/30/2014 06/01/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	****	30000 YTD TOT	bbl	*****	****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	****	*****	%		Once per Event	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

PERMIT

REQUIREMENT

Req. Mon.

MO AVG

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

l82600 1 0

Effluent Gross

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

Monthly

ESTIMA

FREQUENCY **QUANTITY OR LOADING QUALITY OR CONCENTRATION** NO. SAMPLE OF ANALYSIS ΕX **TYPE PARAMETER VALUE VALUE** UNITS **VALUE** UNITS VALUE VALUE ***** ***** SAMPLE Oil and grease, hexane extr method 5.66 10 mg/L Weekly GRAB MEASUREMENT ***** ***** ***** ***** 00552 1 0 **PERMIT** Reg. Mon. Reg. Mon. Weekly **GRAB** mg/L REQUIREMENT Effluent Gross MO AVG DAILY MX SAMPLE ***** ***** ***** **ESTIMA** Produced water, flow 6907 bbl/d Monthly **MEASUREMENT**

bbl/d

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

Effluent Gross

82604 1 0

Effluent Gross

Well fluids, volume

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

06/01/2014

MO TOTAL

NODI C

Req. Mon.

MO TOTAL

CAF001154 003B-A PERMIT NUMBER DISCHARGE NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY

06/30/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

+++++

No Discharge

Discharge

Once per

Occurance

ESTIMA

		QUAN	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	****	****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
82603 1 0	PERMIT	*****	Req. Mon.	occur/mo	*****	*****	*****	*****		Once per	VISUAL

bbl

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TYPED OR PRINTED	••••••••••••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

NODI C

Req. Mon.

MO AVG

- 1. #Job Type: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Deck Drainage External Outfall

No Discharge

ATTN: JAY RAO

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	005B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014	

DMR Mailing ZIP CODE: 93

93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	d/mo	*****	****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	****	*****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	12.14	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	-iolaiolis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

| CAF001154 | 007B-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | MM/DD/YYYY | MM/DD/YYYY | 06/01/2014 | 06/30/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

ATTN: JAY RAO

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

REQUIREMENT

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

Effluent Gross

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

DAILY MX

Fire Control System Water

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0	PERMIT	*****	*****	*****	*****	*****	Req. Mon.	ug/L		Monthly	GRAB

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TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4762	*****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED	- Notations	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

Flow

74076 1 0

Effluent Gross

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW) Bilge Water

External Outfall

No Discharge

Monthly

ESTIMA

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS TYPE EX **PARAMETER VALUE VALUE** UNITS **VALUE VALUE VALUE UNITS** ***** SAMPLE Floating solids, waste or visible NODI C MEASUREMENT foam-visual ***** Y=1;N=0 ***** ***** ***** ***** 45613 1 0 **PERMIT** Reg. Mon. Daily **VISUAL** REQUIREMENT Effluent Gross VALUE Free Oil Visual Sheen SAMPLE ***** NODI C ***** ***** ***** ***** **MEASUREMENT** ***** ***** ***** ***** ***** **|**51689 1 0 PERMIT Req. Mon. Y=1;N=0Daily when **VISUAL** REQUIREMENT Effluent Gross **VALUE** Discharging

bbl/d

NODI C

Req. Mon.

MÖ AVG

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE

MEASUREMENT PERMIT

REQUIREMENT

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Boiler Blowdown

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

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NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	013B-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITORING PERIOD	MM/DD/YYYY	06/01/2014	06/30/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW) Test Fluids

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	TITY OR LOADIN	G	Q	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	JANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	O,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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Γ	TYPED OR PRINTED	a romano.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

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VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	016B-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITORING PERIOD	MM/DD/YYYY	06/01/2014	06/30/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	JANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	O,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

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NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW) Laboratory Waste

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	019B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)
Excess Cement Slurry

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	••••••••••••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

FREQUENCY **QUANTITY OR LOADING QUALITY OR CONCENTRATION** NO. SAMPLE OF ANALYSIS TYPE EX **PARAMETER VALUE** UNITS **UNITS VALUE** VALUE **VALUE VALUE** ***** SAMPLE Floating solids, waste or visible NODI C MEASUREMENT foam-visual ***** ***** ***** ***** ***** 45613 1 0 **PERMIT** Reg. Mon. Y=1;N=0 Daily **VISUAL**

REQUIREMENT Effluent Gross VALUE Free Oil Visual Sheen SAMPLE ***** NODI C ***** ***** ***** ***** **MEASUREMENT** ***** ***** ***** ***** ***** **|**51689 1 0 PERMIT Req. Mon. Y=1;N=0Daily when **VISUAL** REQUIREMENT Effluent Gross VALUE Discharging

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Hydrotest Water External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing avoidations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	022B-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITORING PERIOD	MM/DD/YYYY	06/01/2014	06/30/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

82594 1 0

Effluent Gross

82594 EG 0

Effluent Gross

Drilling fluids, volume

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

bbl

bbl

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Discharge drill cutting Y or N (retained).
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

Rea. Mon.

DAILY MX

NODI C

105000

YTD TOT

3. Drill fluid inventory refer to Attachment X.

Daily

Monthly

ESTIMA

ESTIMA

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154 001B-A DISCHARGE NUMBER PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 07/31/2014 07/01/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

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TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.95	11	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	8066	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154 PERMIT NUMBER

002B-Q DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

07/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Produced Water Quarterly

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0	pass=0/fail =1		Quarterly	COMP24
TGK1D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	pass=0/fail =1		Quarterly	COMP24
TGK3R 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	pass=0/fail =1		Quarterly	COMP24
TGP6L 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24

05/01/2014

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. #Job Type: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	004B-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITORING PERIOD	MM/DD/YYYY	07/01/2014	07/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Deck Drainage External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	005B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	****	****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	14.5	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

ATTN: JAY RAO

		QUANT		IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	-iolaiolis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	007B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

ATTN: JAY RAO

		QUANTITY OR LOADING		Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	008B-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITORING PERIOD	MM/DD/YYYY	07/01/2014	07/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)535-2078		08/26/2014
TYPED OR PRINTED	-iolaiolis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4762	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	08/26/2014	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

Г	CAF001154		011B-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	07/01/2014	07/01/2014 07/31/2014						

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Bilge Water External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	08/26/2014	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	012B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014	

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW) Boiler Blowdown

External Outfall

No Discharge

ATTN: JAY RAO

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY OF ANALYSIS	0,		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	08/26/2014	
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	013B-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITORING PERIOD	MM/DD/YYYY	07/01/2014	07/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW) Test Fluids

External Outfall

No Discharge

ATTN: JAY RAO

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION	_	NO.			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	QUALITY OR CONCENTRATION NO.			FREQUENCY	O,		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	016B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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Γ	TYPED OR PRINTED	a romano.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154 017B-A **DISCHARGE NUMBER** PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 07/31/2014 07/01/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

FREQUENCY OF ANALYSIS **QUANTITY OR LOADING QUALITY OR CONCENTRATION** NO. **SAMPLE** TYPE EX **PARAMETER** VALUE VALUE UNITS VALUE VALUE VALUE UNITS

		VALUE	TALUE	00	VALUE	1/1202	VALUE	00		
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****		
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****	Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****		
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****	Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

CAF001154 018B-A DISCHARGE NUMBER PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 07/01/2014 07/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW) Laboratory Waste

External Outfall

No Discharge

PACIFIC OCEAN, CA 93003 ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	08/26/2014	
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	020B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014	

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	(805)535-2078	
TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

Effluent Gross

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154 021B-A **DISCHARGE NUMBER** PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 07/01/2014 07/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Hydrotest Water External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	022B-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITORING PERIOD	MM/DD/YYYY	07/01/2014	07/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154 001B-A DISCHARGE NUMBER PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 08/31/2014 08/01/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

ATTN: JAY RAO											
		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	****	*****	%		Once per Event	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Discharge drill cutting Y or N (retained).
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	002B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	****	6.23	11	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	7508	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	****	****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	****	*****	*****		Once per Occurance	ESTIMA

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	11/25/2014	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. #Job Type: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Deck Drainage External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED	• Managara	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	005B-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITORING PERIOD	MM/DD/YYYY	08/01/2014	08/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	****	****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	****	****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	15.12	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	006B-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITORING PERIOD	MM/DD/YYYY	08/01/2014	08/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	007B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

ATTN: JAY RAO

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	O/	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	008B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW) Fire Control System Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	TITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	• Managara	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4762	*****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

00

CAF001154 010B-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

08/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)
Ballast and Storage Displacement Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	****	*****	*****		Monthly	ESTIMA

08/01/2014

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW) Bilge Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	012B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014	

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Boiler Blowdown External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	IG	The state of the s			FREQUENCY	0,		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

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NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	013B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 9

93003

MINOR (SUBR FW)

Test Fluids
External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

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VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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TYPED OR PRINTED	a romano.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

MEASUREMENT

PERMIT

REQUIREMENT

Req. Mon.

VÄLUE

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

51689 1 0

Effluent Gross

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	017B-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITORING PERIOD	MM/DD/YYYY	08/01/2014	08/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

Daily when

Discharging

VISUAL

FREQUENCY **QUANTITY OR LOADING QUALITY OR CONCENTRATION** NO. SAMPLE OF ANALYSIS TYPE EX **PARAMETER VALUE** UNITS **UNITS VALUE** VALUE **VALUE VALUE** ***** SAMPLE Floating solids, waste or visible NODI C **MEASUREMENT** foam-visual ***** ***** ***** ***** ***** 45613 1 0 **PERMIT** Reg. Mon. Y=1;N=0 Daily **VISUAL** REQUIREMENT Effluent Gross VALUE Free Oil Visual Sheen SAMPLE ***** NODI C ***** ***** ***** *****

Y=1;N=0

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

Req. Mon.

VÄLUE

PERMIT

REQUIREMENT

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

51689 1 0

Effluent Gross

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE: 9

93003

MINOR (SUBR FW)

Laboratory Waste External Outfall

No Discharge

Daily when

Discharging

VISUAL

FREQUENCY **QUANTITY OR LOADING QUALITY OR CONCENTRATION** NO. SAMPLE OF ANALYSIS TYPE EX **PARAMETER VALUE** UNITS **UNITS VALUE** VALUE **VALUE VALUE** ***** SAMPLE Floating solids, waste or visible NODI C **MEASUREMENT** foam-visual ***** ***** ***** ***** ***** VISUAL 45613 1 0 **PERMIT** Reg. Mon. Y=1;N=0 Daily REQUIREMENT Effluent Gross VALUE Free Oil Visual Sheen SAMPLE ***** NODI C ***** ***** ***** ***** **MEASUREMENT**

Y=1;N=0

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	019B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	*****	bbl/d	****	****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

93003

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

| CAF001154 | 020B-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | MM/DD/YYYY | 08/01/2014 | 08/31/2014

DMR Mailing ZIP CODE:

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

| CAF001154 | 021B-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | MM/DD/YYYY | 08/01/2014 | 08/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW) Hydrotest Water

Hydrotest Water External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED	- Colores	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

₹

93003

MINOR (SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)535-2078		11/25/2014
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C			-	
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan

penalties for submitting false information, including the possibility of fine and imprisonment for knowing

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

NUMBER

TELEPHONE

(805)535-2078

AREA Code

Jay Rao

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

11/25/2014

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154 001B-A DISCHARGE NUMBER PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 09/30/2014 09/01/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	*****	****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	****	%		Once per Event	GRAB

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TYPED OR PRINTED	• • • • • • • • • • • • • • • • • • • •	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	002B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

ATTN: JAY RAO

	QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.15	11	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	6256	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

Γ	CAF001154		003B-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	09/01/2014	1	09/30/2014					

DMR Mailing ZIP CODE: 93003

JUDE. 930

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. #Job Type: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Deck Drainage External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	TITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	****		*****	*****	****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

REQUIREMENT

SAMPLE

MEASUREMENT PERMIT

REQUIREMENT

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

Effluent Gross

82606 1 0

Effluent Gross

Sanitary waste, flow

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	005B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014	

DMR Mailing ZIP CODE:

93003

MINOR

MAXIMUM

MINIMUM

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

ESTIMA

ESTIMA

Monthly

Monthly

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS **TYPE** EX **PARAMETER VALUE UNITS VALUE VALUE VALUE VALUE UNITS** ***** ***** SAMPLE Sanitary and Domestic Foam or 0 d/mo Daily VISUAL MEASUREMENT Floating Solids ***** ***** ***** ***** ***** 51665 1 0 **PERMIT** Reg. Mon. d/mo Daily **VISUAL** REQUIREMENT Effluent Gross MO TOTAL SAMPLE ***** ***** ***** Sanitary waste, residual chlorine 2 mg/L Monthly **GRAB MEASUREMENT** ***** ***** ***** ***** 82605 1 0 PERMIT 1 10 mg/L Monthly **GRAB**

bbl/d

bbl/d

16

Req. Mon.

MÖ AVG

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Blowout Preventer Fluid External Outfall

No Diochanna

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	007B-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITORING PERIOD	MM/DD/YYYY	09/01/2014	09/30/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. FREQUENCY	O,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4762	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorinr is added.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW) Bilge Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	****	*****	*****		Monthly	ESTIMA

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	012B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014	

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Boiler Blowdown

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

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NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	013B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW) Test Fluids

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

| CAF001154 | 014B-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | MM/DD/YYYY | 09/01/2014 | 09/30/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

FREQUENCY **QUANTITY OR LOADING QUALITY OR CONCENTRATION** NO. SAMPLE OF ANALYSIS TYPE EX **PARAMETER VALUE UNITS VALUE** UNITS VALUE **VALUE VALUE** ***** SAMPLE Floating solids, waste or visible NODI C **MEASUREMENT** foam-visual ***** ***** ***** ***** ***** VISUAL 45613 1 0 **PERMIT** Reg. Mon. Y=1;N=0 Daily

REQUIREMENT Effluent Gross VALUE Free Oil Visual Sheen SAMPLE ***** NODI C ***** ***** ***** ***** **MEASUREMENT** ***** ***** ***** ***** ***** 51689 1 0 PERMIT Req. Mon. Y=1;N=0Daily when **VISUAL** REQUIREMENT Effluent Gross VALUE Discharging

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	015B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014	

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	- Notations	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

ATTN: JAY RAO

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	• Managara	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW) Laboratory Waste

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED	• 10000	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW) Hydrotest Water External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			_
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED	• 10000	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)535-2078		11/25/2014
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	lG		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	****	****	*****	NODI C			_	
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

TYPED OR PRINTED Typed or Pri

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquity of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

TELEPHONE

Jay Rao

DATE

11/25/2014

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154 001B-A DISCHARGE NUMBER PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 10/31/2014 10/01/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	d	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	****	*****	%		Once per Event	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)535-2078		11/25/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	002B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.03	11	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	6650	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	• Managara	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Produced Water Quarterly

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	0	pass=0/fail =1		Quarterly	COMP24
TGK1D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0	pass=0/fail =1		Quarterly	COMP24
TGK3R 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	pass=0/fail =1		Quarterly	COMP24
TGP6L 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24

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VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

Г	CAF001154		003B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2014	1	10/31/2014

DMR Mailing ZIP CODE: 9

93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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- 1. #Job Type: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW) Deck Drainage

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	****	*****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	11	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	O,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	008B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

Flow

74076 1 0

Effluent Gross

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

ESTIMA

ESTIMA

Monthly

Monthly

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS **TYPE** EX **PARAMETER VALUE VALUE** UNITS VALUE **VALUE VALUE UNITS** ***** SAMPLE Floating solids, waste or visible 0 Y=1;N=0 Daily VISUAL MEASUREMENT foam-visual ***** ***** ***** ***** ***** 45613 1 0 **PERMIT** Reg. Mon. Y=1;N=0 Daily **VISUAL** REQUIREMENT Effluent Gross VALUE ***** ***** SAMPLE ***** ***** ***** NODI 8 Chlorine, total residual **MEASUREMENT** ***** ***** ***** ***** ***** 50060 1 0 PERMIT Req. Mon. ug/L Monthly **GRAB** REQUIREMENT Effluent Gross DAILY MX

bbl/d

bbl/d

4762

Req. Mon.

MÖ AVG

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

74076 1 0

Effluent Gross

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW) Bilge Water

External Outfall

No Discharge

Monthly

ESTIMA

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS TYPE EX **PARAMETER VALUE VALUE** UNITS **VALUE VALUE VALUE UNITS** ***** SAMPLE Floating solids, waste or visible NODI C MEASUREMENT foam-visual ***** Y=1;N=0 ***** ***** ***** ***** 45613 1 0 **PERMIT** Reg. Mon. Daily **VISUAL** REQUIREMENT Effluent Gross VALUE Free Oil Visual Sheen SAMPLE ***** NODI C ***** ***** ***** ***** **MEASUREMENT** ***** ***** ***** ***** ***** **|**51689 1 0 PERMIT Req. Mon. Y=1;N=0Daily when **VISUAL** REQUIREMENT Effluent Gross **VALUE** Discharging ***** ***** ***** ***** ***** SAMPLE Flow NODI C **MEASUREMENT**

bbl/d

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMIT

REQUIREMENT

Req. Mon.

MÖ AVG

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Boiler Blowdown

External Outfall

No Discharge

ATTN: JAY RAO

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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Ī	TYPED OR PRINTED	a romano.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW) Test Fluids

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION	_	1 OF /	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

ATTN: JAY RAO

	QUAN	ITITY OR LOADIN	OR LOADING QUALITY OR CONCENTRATION		NO.	FREQUENCY	O,				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	016B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014	

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

ATTN: JAY RAO

	QUAN	ITITY OR LOADIN	OR LOADING QUALITY OR CONCENTRATION		NO.	FREQUENCY	O,				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

ATTN: JAY RAO

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

Req. Mon.

VÄLUE

PERMIT

REQUIREMENT

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

51689 1 0

Effluent Gross

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Laboratory Waste External Outfall

No Discharge

Daily when

Discharging

VISUAL

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			

Y=1;N=0

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		∐ NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

CAF001154	020B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014	

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HILLHOUSE - CAG28000

ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154 021B-A DISCHARGE NUMBER PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Hydrotest Water **External Outfall**

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED	• 10000	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 290 MAPLE COURT, SUITE 290

VENTURA, CA 93003

FACILITY: PLATFORM HILLHOUSE

ATTN: JAY RAO

74076 1 0

Effluent Gross

LOCATION: LAT 34 33 13.33 LO 119 60 32.5

PACIFIC OCEAN, CA 93003

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

Monthly

ESTIMA

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS TYPE EX **PARAMETER VALUE VALUE** UNITS **VALUE VALUE VALUE UNITS** ***** SAMPLE Floating solids, waste or visible NODI C MEASUREMENT foam-visual ***** ***** ***** ***** ***** 45613 1 0 **PERMIT** Reg. Mon. Y=1;N=0 Daily **VISUAL** REQUIREMENT Effluent Gross VALUE Free Oil Visual Sheen SAMPLE ***** NODI C ***** ***** ***** ***** **MEASUREMENT** ***** ***** ***** ***** ***** **|**51689 1 0 PERMIT Req. Mon. Y=1;N=0Daily when **VISUAL** REQUIREMENT Effluent Gross **VALUE** Discharging ***** ***** ***** ***** ***** SAMPLE Flow NODI C

bbl/d

Req. Mon.

MÖ AVG

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TYPED OR PRINTED	• Managara	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MEASUREMENT PERMIT

REQUIREMENT